



COMPLAINT INVESTIGATION REPORT ABANDONED MINED LANDS

Complaint Number		Problem Area No.	
<input type="checkbox"/> Emergency Consideration			
Date Complaint Received		Time	Status
Complaint Received by		Investigation Date	
Investigation by		Priority Rating ¹	Score

Name of Complainant: _____
Complainant's Address: _____
Telephone: Work _____ Home _____

Site Location	Permit or Mine Index No.	
Nearest Public Road: _____	County: _____	
Primary Quadrangle: _____	Secondary Quadrangle: _____	
Latitude: _____	Longitude: _____	
Directions to site: _____		

Nature of the Complaint:

Complainant's Comments:

Individuals Present at Investigation:

Type of Problem: (check all that apply)

<input type="checkbox"/> Water discharge	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Flooding
<input type="checkbox"/> Structures	<input type="checkbox"/> Landslide	<input type="checkbox"/> Other

If "Other" selected, describe:

Source of Problem: (check all that apply)

<input type="checkbox"/> Underground mine	<input type="checkbox"/> Surface mine	<input type="checkbox"/> Processing area
<input type="checkbox"/> Refuse pile	<input type="checkbox"/> Haulroad	<input type="checkbox"/> Treatment facility
<input type="checkbox"/> Contributing lands	<input type="checkbox"/> Other	

If "Other" selected, describe:

Who or What may be Adversely Impacted/Affected by the Problem (check all that apply)			
<input type="checkbox"/> Person(s)		<input type="checkbox"/> Power line	
<input type="checkbox"/> House(s)		<input type="checkbox"/> Stream(s)	
<input type="checkbox"/> Building(s)		<input type="checkbox"/> Public Road	
<input type="checkbox"/> Sewer Line		<input type="checkbox"/> School(s)	
<input type="checkbox"/> Telephone Line		<input type="checkbox"/> Gas line	
<input type="checkbox"/> Other		<input type="checkbox"/> Septic System	

If "Other" selected, describe:

Description, Comments, and Recommendations of Investigator(s)
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¹ Attach the completed Site Evaluation Matrix to this Report.

☐ Photographs Taken: ☐ Polaroid ☐ 35 mm ☐ Sketch of Problem Attached

☐ Site Videotaped (Title _____

③) _____

☐ Written response was provided to the Complainant

Date

Time

Investigator's

Signature: _____

Date: _____

Emergency Information Supplement
(to be completed if an emergency is considered to exist)

Property Ownership

	Name	Address	Telephone
<input type="checkbox"/> Surface			
<input type="checkbox"/> Mineral			
Mined by			

☐ The site was under Permit No. _____. (Mining ceased as of _____.)

Contacts with other Governmental Agency(ies)

Agency Name	Contact Person	Response

Project Proposal Summary	Estimated Cost

Supervisor's

Signature: _____

Date _____

Sketch of AML Problem